


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 722619

1. Entity Name
FIFTY GULFSIDE CONDOMINIUM, INC.



Principal Place of Business 50 GULF BLVD. INDIAN ROCKS BCH, FL 33785 US	Mailing Address 50 GULF BLVD. INDIAN ROCKS BCH, FL 33785 US
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07012004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-1577833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RONALD, FISCUS
 50 GULF BLVD
 APT #112
 INDIAN ROCKS BEACH, FL 33785**

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I, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FISCUS, RONALD 50 GULF BLVD UNIT 211 INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FLEISCHER, LOUIS 2522 CRAVEY DR. ATLANTA, GA 30345
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DUNN, THOMAS 7581 CUMBERLAND RD. #3 LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WELLS, GINA 1307 ESTATEWOOD DR. BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSSITER, JOSEPH 50 GULF BLVD, APT 113 INDIAN ROCKS BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000168138
 07/26/04-80001-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louis Fleischer* Date: *7/21/04* Daytime Phone #: *727-595-1739*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR